

State File No. 146.

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made  
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 146

Place of Birth Miami County Sila No. 1514 Sullivan St.  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>male</u>	<u>✓</u>		<u>5</u>

I HEREBY CERTIFY that the child described  
herein has been named

DATE OF BIRTH\* Feb 12 1929  
(Month) (Day) (Year)

Jesus Lopez  
(Give name in full) (Surname)

FULL NAME Jose Lopez FATHER

Maria B Lopez  
(Parent's Signature)

FULL MAIDEN NAME Maria Rojas MOTHER

Agnes M. Brown  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar  
10M 11-41 A.P.

139-212-492